



Attorney Docket No.: TIP-04-1339

In re Application of Koji Kawai et al.

Serial No.: 10/520,809

Filed: January 10, 2005

For: THERAPEUTI OR PREVENTIVE AGENT FOR NAUSEA/VOMITING

**Mail Stop Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

\_\_\_ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

\_\_\_ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	RATE	ADD'L FEE		RATE	ADD'L FEE
TOTAL	*15	- **20 =	x 25 =	\$		x 50 =	\$
INDEP.	* 1	- ** 3 =	x 100 =	\$		x 200 =	\$
Application Size Fee				\$		x 250 =	\$
First Presentation of Multiple Dependent Claim			+ 180 =	\$		+ 360 =	\$

TOTAL ADDITIONAL FEE                      \$ \_\_\_\_\_                      OR                      \$ \_\_\_\_\_

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

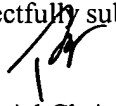
\_\_\_ Please charge my Deposit Account No. 50-2719 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.

\_\_\_ A check in the amount of \$ \_\_\_\_\_ is attached.

x The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

- x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- x Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,

  
T. Daniel Christenbury  
Reg. No. 31,750  
Attorney for Applicants

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit	: 1614	Customer No.: 035811
Examiner	: Shirley V. Gembeh	
Serial No.	: 10/520,809	
Filed	: February 2, 2005	
Inventors	: Koji Kawai	Docket No.: TIP-04-1339
	: Akiyoshi Saito	
	: Tomohiko Suzuki	Confirmation No.: 9964
	: Ko Hasebe	
	: Tsutomu Suzuki	
Title	: THERAPEUTIC OR PREVENTIVE AGENT	
	: FOR NAUSEA/VOMITING	

Dated: March 28, 2006

**AMENDMENT**

**Mail Stop Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated January 5, 2006, the Applicants amend the Application as follows: